Recertification Report - CARF Accredited Organization

Provider Name			Provider Number		Begin Cert Date	End Cert Date
MAGIC CITY ENTER	RPRISES, INC.		1194895359		10/30/2009	10/30/2010
Organizational Practices	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Provider Retrained on:	Health, Safety, or Rights Issue?	Date QIP Due
	Staff Training (Wyoming Medicaid rules Chapter 45, Section 26)	Recommendation (Systemic)	10 of 10 staff (100%) files reviewed contained results of background screenings, CPR/1st Aid Certification, and met qualifications for the services being provided. 0 of 10 staff (0%) files reviewed had documentation of current CPI training. The provider was able to produce training rosters for CPI training, but no documentation indicating that the staff passed or failed the course.		Yes	11/13/2009
	Staff Training (Wyoming Medicaid rules Chapter 45, Section 26)	Recommendation (Systemic)	7 of 10 staff (70%) files reviewed had documentation of participant specific training. The form used to document the training did not include how the training was completed (i.e. hands-on, shadowing, etc), the title of the trainer, or documentation when staff receive training when there are changes in the plan of care. The case management, employment manager, and one direct care staff file did not have documentation of participant specific training.		Yes	11/13/2009

Recertification Report - CARF Accredited Organization

		\mathcal{L}		
Staff Training (Wyoming Medicaid rules Chapter 45, Section 26)	Recommendation (Systemic)	0 of 10 staff files (0%) reviewed had documentation of Division required trainings including but not limited to, billing and documentation, complaint/grievance, and releases of information/confidentiality.	No	11/21/2009
Staff Training (Wyoming Medicaid rules Chapter 45, Section 26)	Recommendation (Systemic)	6 of the 9 staff interviewed (67%) were able to demonstrate functional knowledge of participant specific information. In addition, 2 of those 9 staff did not have documentation of participant specific training for those participants they were observed to be working with.	Yes	11/13/2009
Emergency Drills (CARF 1.E.)	Recommendation (Systemic)	Emergency drill documentation of 5 locations was reviewed. All locations were running a variety of drills on all shifts. 9 drills reviewed identified concerns; however, only 5 of those drills included documented follow-up to the concerns.	No	11/21/2009
Emergency Procedures during Transportation (CARF 1.E.)	In-Compliance	6 of 6 (100%) vehicles observed had emergency procedures during transportation.	No	
Internal Inspections (CARF 1.E.)	In-Compliance	5 of 5 locations (100%) reviewed had documentation of internal inspections, with concerns identified when appropriate, and follow-up to concerns documented as appropriate.	No	
External Inspections (CARF 1.E.)	In-Compliance	5 of 5 locations reviewed (100%) had documentation of external inspections with follow-up to concerns documented as appropriate.	No	

Survey/Certification Staff Name: Yvonne Adekale, Provider Support Specialist

Recertification Report - CARF Accredited Organization

		<u> </u>		
Progress made on prior DDD Survey recommendations	In-Compliance	With the exception of the issues readdressed in this survey, the provider continues to make progress on recommendations from the previous survey.	No	
Progress made on prior CARF Survey recommendations	In-Compliance	With the exception of the issues readdressed in this survey, the provider continues to make progress on recommendations from the previous survey.	No	
Incident reporting standards (Wyoming Medicaid rules Chapter 45, Section 30)	In-Compliance	The provider's policy was reviewed and met applicable standards.	No	
Incident reporting standards (Wyoming Medicaid rules Chapter 45, Section 30)	Recommendation (Systemic)	4 of 9 staff (44%) interviewed were able to articulate functional knowledge of the Division's Notification of Incident Reporting Process.	Yes	11/13/2009
Incident reporting standards (Wyoming Medicaid rules Chapter 45, Section 30)	Recommendation (Systemic)	Through a review of the participant files the following incidents were identified and were not reported to the Division: Participant 2: 9/27/09- Missed Medication Participant 9: 7/13/09, 7/14/09, 7/26/09, and 8/8/09 medication errors and 5/1/09 incident indicating unknown bruising.	Yes	11/13/2009
Complaint and Grievance (CARF 1.D.)	In-Compliance	The provider's policy was reviewed and met applicable standards. In addition, the provider has had several complaints filed in the past year which included documented follow-up that was consistent with the provider's policy.	No	

Survey/Certification Staff Name: Yvonne Adekale, Provider Support Specialist

Recertification Report - CARF Accredited Organization

	Rights of Participants (Wyoming Medicaid rules, Chapters 45, Section 26, CARF Section 1)	In-Compliance	The provider's policy on rights was reviewed and met applicable standards.		No	
	Rights of Participants (Wyoming Medicaid rules, Chapters 45, Section 26, CARF Section 1)	Recommendation (Systemic)	6 of 9 staff (67%) interviewed were able to articulate participant specific rights and restrictions.		Yes	11/13/2009
	Behavior Plans (Chapter 45, Section 29)	In-Compliance	6 Positive Behavioral Support Plans were reviewed and were being implemented as approved by the Division.		No	
	Restraint standards (Chapter 45, Section28)	Recommendation (Systemic)	The provider's policy on restraints did not include that restraints must be ordered by a physician or designated, trained, and competent qualified behavioral health practitioner; and that a face to face evaluation of the participant needs to occur within one hour of the restraint. In addition, the provider's restraint summary documentation did not include documentation of the face to face evaluation.		Yes	11/13/2009
	Transportation Requirements (CARF 1.E.9)	In-Compliance	6 of 6 vehicles (100%) observed appeared safe and met the applicable standards.		No	
Participant Specific Reviews	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Provider Retrained on:	Health, Safety, or Rights Issue?	Date QIP Due
	Implementation of Individual Plan of Care (Wyoming Medicaid rules Chapters 41, 42 and 43, Section 8)	In-Compliance	10 files were reviewed and per the provider documentation the plan of care were being implemented appropriately, with the exception of where otherwise noted in this report.		No	

Survey/Certification Staff Name: Yvonne Adekale, Provider Support Specialist

Recertification Report - CARF Accredited Organization

Implementation of Individual Plan of Care (Wyoming Medicaid rules Chapters 41, 42 and 43, Section 8)	Recommendation (Systemic)	Through file review and observation Participant 2 and 3's IPCs have not been updated to reflect the restriction of food being locked up in the home as a result of another participant.	Yes	11/13/2009
Releases of Information (CARF 2.B.)	In-Compliance	10 of 10 files (100%) reviewed releases were time-limited, specific to what information was being released, and to whom the information was being released.	No	
Emergency Information (CARF 2.B.)	In-Compliance	10 of 10 participant files (100%) reviewed, contained current and thorough emergency information.	No	
Objectives and goal tracking (Wyoming Medicaid Rules Chapter 41-43)	In-Compliance	10 of 10 participant files (100%) reviewed consistently included documentation of tracking of progress made on objectives.	No	
Billing and Documentation (Wyoming Medicaid Rules Chtr. 45 Sect. 27)	Suggestion	Six months billing and documentation was reviewed on 10 participants and met applicable standards, with the exception: Participant 3's day habilitation documentation did not consistently include the year in which service was provided.	No	

Survey/Certification Staff Name: Yvonne Adekale, Provider Support Specialist

Recertification Report - CARF Accredited Organization

Case Management Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Provider Retrained on:	Health, Safety, or Rights Issue?	Date QIP Due
	Case manager monthly/quarterly documentation meets requirements of Chapters 41, 42 and 43, and DD rule, Chapter 1	Recommendation (Systemic)	10 files were reviewed and contained documentation of monthly and quarterly documentation which met applicable requirements, with the exception: Participant 7's case management documentation for July and August 2009 were a duplicate. In addition, the provider identified approximately 8 additional participant's whose documentation contained this same error.		No	11/21/2009
	Team meeting notes (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-Compliance	10 of 10 files (100%) were reviewed and contained team meeting notes which met applicable standards.		No	
	Development and Tracking of Objectives (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-Compliance	10 of 10 files (100%) reviewed contained evidence of the development and tracking of objectives which met applicable standards.		No	
	Monitoring implementation of the IPC (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-Compliance	10 of 10 files (100%) were reviewed and contained documentation of monitoring the IPC which met applicable standards.		No	

Survey/Certification Staff Name: Yvonne Adekale, Provider Support Specialist

Date: 10/22/2009

Recertification Report - CARF Accredited Organization

Residential Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Provider Retrained on:	Health, Safety, or Rights Issue?	Date QIP Due
	Organization maintains a healthy and safe environment – all service settings (CARF 1.E.10 Chapter 45, Section 23)	Recommendation (Focused)	4 residential sites were visited and showed evidence of maintaining a healthy and safe environment, with the exception: Home #1: Chemicals were stored in the same location as food. Home #2- three oxygen tanks were unsecured in the living room.		Yes	11/13/2009
	Organization meets CARF Standards on Community Housing (CARF Section 4.J)	In-Compliance	Through documentation review and service observation, the provider showed evidence of meeting the standards on community housing.		No	
	Organization meets CARF Standards for Supported Living (CARF 4. K.)	In-Compliance	Through documentation review, the provider showed evidence of meeting the standards on supported living.		No	
	The organization meets the standards in Chapter 45, section 23)	In-Compliance	The organization provided evidence for meeting the standards in chapter 45, section 23, with the exception of where otherwise noted in this report.		No	
Day Habilitiation, Employment Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Provider Retrained on:	Health, Safety, or Rights Issue?	Date QIP Due
	The organization meets the standards for Community Integration (CARF 4.E)	In-Compliance	The organization meets the standards, as evidenced by documentation review and service observation.		No	
	The organization meets the standards for employment (CARF Section 3 and Chapter 45 Section 23)	In-Compliance	Through observation of services and a review of provider documentation, the provider meets the standards for employment services.		No	

Survey/Certification Staff Name: Yvonne Adekale, Provider Support Specialist

Recertification Report - CARF Accredited Organization

	Organization maintains a healthy and safe environment – all service settings (CARF 1.E.10 Chapter 45, Section 23)	In-Compliance	1 site was observed provided evidence of maintaining a healthy and safe environment.		No		
	Organization meets the standards for the service provided (CARF Standards and Medicaid rules)	In-Compliance	Through documentation review, service observation and interview of participants, and staff, the provider meets the standards for the service provided.		No		
Other Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Provider Retrained on:	Health, Safety, or Rights Issue?	Date Due	QIP
	Organization maintains a healthy and safe environment (CARF 1.E.10 and WMR Chapter 45, Section 23)	In-Compliance	Through service observation the provider showed evidence of maintaining a healthy and safe enviornment.		No		
	Organization meets the standards for the service provided (CARF Standards and WMR Chapter 41-45)	In-Compliance	Through service observation and documentation review the provider is meeting the standards in this area.		No		

Survey/Certification Staff Name: Yvonne Adekale, Provider Support Specialist

Note: Providers can dispute a recommendation by submitting a certified letter to the Division within ten business days of receipt of the

recertification report. The letter must include the specific recommendation being disputed, information on why the provider does not agree with the recommendation, and supporting documentation.